

Prevention Interventions with Persons Living with HIV

David W. Purcell
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

*Presented at the 2003 National HIV Prevention Conference,
Atlanta, GA July 28, 2003.*



The Need for Prevention Interventions with HIV-Positive Persons

- The number of people living with HIV continues to increase (estimated 850,000 to 950,000)
- Approximately 25% do not know they are positive
- Although risk behavior decreases after HIV diagnosis, many persons who test positive engage in sexual or injection behavior that can transmit HIV
- Unfortunately, only a few of the intervention studies that have focused on prevention with HIV-positive persons are complete and show promising results



A First Step: Interventions to Get HIV-Positive Persons into Medical Care

- Initially, it is important to provide medical care with appropriate medications to help:
 - Suppress Viral load and boost CD4 count
 - Slow disease progression
 - Prevent opportunistic infections
- Recent CDC data from the ARTAS Study show that providing case management helps people get into care (Gardner, 2003)
- Provider-based prevention interventions



Delivery of a Broad Range of Services

- In addition to medical care, agencies can offer or refer to a broad range of other relevant services of different intensities to help reduce HIV transmission:
 - Behavioral prevention interventions to reduce risk behavior
 - Interventions to improve medication adherence
 - Substance abuse and mental health treatment
 - Domestic violence counseling and prevention
 - Benefits counseling
- Agencies can screen HIV-positive persons to assess the needed level of services for each domain



Prevention Interventions with HIV-Positive Persons Address Two Harms

- Harm to Others
 - Sexual or injection risk behavior that can transmit HIV, including drug resistant strains of HIV, to HIV-negative persons
 - Sexual risk behavior that can transmit other STIs
- Harm to Self
 - Acquisition of other STIs
 - Reinfection with another strain of HIV



Providing a Range of Options for Prevention Interventions

- Most HIV-positive persons change their risk behavior, so they are not in immediate need of a risk-reduction intervention
- For some HIV-positive persons, a less intensive intervention such as a group may lead to significant behavior change
- Some HIV-positive persons may need more intensive services or combination of services



A Continuum of Behavioral Interventions to Reduce Risk Behavior

- Group-level interventions
 - Three effective interventions
- Individual-level interventions
 - One effective intervention
- Prevention case management (PCM)
 - The most intensive intervention
- Over 10 interventions in the field being tested



Group-Level Interventions

- Many group interventions have focused on improving mental health, reducing stress, providing social support, and improving coping with HIV rather than on risk behavior
- Two of these early studies (pre-HAART) found that support group formats focusing on stress reduction and mental health also decreased sexual risk behavior among gay men



Group-Level Interventions that are Targeted to Specific Subgroups

- Drug users entering methadone treatment (Margolin et al., 2003)
 - Adding group therapy sessions (two times a week over 6 months) to other services led to less drug and sex risk behaviors and lower addiction severity scores
- Youth ages 13-24 (Rotheram Borus et al., 2001)
 - Providing an 11-session intervention reduced unprotected sexual acts, number of partners, number of HIV-negative partners, and substance use

Margolin et al., 2003

Race/Ethnicity as Reported by Authors

- African American 49%
- Latino 16%
- White 35%



Rotheram Borus et al., 2001

Race/Ethnicity as Reported by Authors

- African American 33%
- Latino 32%
- White 18%
- Other 17%



A Group-Level Intervention for the Population of HIV-Positive Persons

- Kalichman and his colleagues (2001) compared a 5-session social-cognitive intervention to a 5-session health maintenance support group
- Randomized controlled trial (N =328)
 - 230 Men, 98 Women
 - 52% self-identified as gay



Kalichman et al., 2001

Race/Ethnicity as Reported by Authors

- African American 74%
- White 22%
- Other 4%



Kalichman et al., 2001 (cont.)

- Goals of the social-cognitive intervention group:
 - Develop skills for coping with HIV-related stressors and risky sexual situations
 - Enhance decision making skills for disclosure
 - Facilitate development and maintenance of safer sex
- Participants in the intervention condition reported:
 - Less unprotected vaginal and anal intercourse with all partners and with non-HIV-positive partners
 - Greater percent condom use for vaginal and anal intercourse
- Currently in Replication/Dissemination projects at CDC



Individual-Level Interventions

- Appropriate for persons who need more intensive services than can be provided in a group setting or other less intensive prevention settings
- Two of three published trials have not been successful in reducing risk more in the intervention group



Individual-Level Interventions (cont.)

- One trial compared HIV-positive women randomized to one of two intervention conditions that lasted 6-month each (Fogarty et al., 2001):
 - Condition 1: Comprehensive reproductive services including health education and counseling
 - Condition 2: Condition 1 + peer advocate services through individual and group support sessions focusing on condom use with main and non-main partners (ILI + GLI in one intervention)



Fogarty et al., 2001 (cont.)

- The individual sessions in the enhanced condition were similar to case management, but delivery was by peers
- FINDINGS: Women in the enhanced intervention had improved consistency in condom use, perceived condoms as more advantageous, and increased their level of self efficacy for condom use



Fogarty et al., 2001

Race/Ethnicity as Reported by Authors

• African American	91%
• Latino	1%
• White	6%
• American Indian	1%
• Asian	0%
• Other	2%



Prevention Case Management (PCM)

- PCM, the most intensive HIV prevention intervention, is designed to meet the needs of HIV-positive persons with multiple medical, social, and economic challenges who are most likely to transmit HIV
- PCM combines case management + intensive risk reduction sessions



The Components of PCM

- Identify, recruit, and engage clients
- Screen and assess risk behavior
- Develop a client-centered plan
- Conduct multi-session risk-reduction counseling
- Coordinate referrals and follow up
- Monitor and reassess clients need
- Discharge after attainment of goals



A Few Key Issues for PCM

- Reserve for highest need, risky clients who are most likely to transmit HIV to partners
- Highly-trained staff with smaller case loads
- The need to triage into services
- Content of risk reduction session
- Explicit protocols to define the relationship between PCM and other case management systems



Final Thoughts about Prevention with HIV-Positive Persons

- HIV-positive persons are a very important population to work with to develop appropriate, targeted prevention strategies
- Triage, linkages, and referrals to a continuum of prevention options is critical to provide:
 - programs that people want and need
 - to conserve scarce HIV resources
- Prevention science for HIV-positive persons needs to advance rapidly in the next few years – and it should

